MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

012736

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Havre de Grace~~; LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen Govt. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Havre de Grace
STREET ADDRESS (If rural give location) near Havre de Grace

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) MITCHELL (Last) BAKER

4. DATE OF DEATH: (Month) MAR (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 18 1893

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Baker

14. MOTHER'S MAIDEN NAME: Henrietta Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Harry M. Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) CORONARY OCCLUSION WITH MYOCARDIAL INFARCTION

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE J. T. Ramsey M.D. (Degree or title) Deputy Medical Examiner | ADDRESS Aberdeen, Md. | DATE SIGNED March 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Mch. 4, 1949 | NAME OF CEMETERY ~~OR CREMATORY~~ Bakers | LOCATION (City, town, or county) Aberdeen. | (State) Md.

DATE REC'D BY LOCAL REG. Mar. 4-49 | REGISTRAR'S SIGNATURE Nellie L. Riley

24. FUNERAL DIRECTOR Henry Jarrings & Sons | ADDRESS Aberdeen, Md

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12737

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Lois (Middle) Alice Jane (Last) Bryan

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1949

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/10/1910

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: House Duties

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edgar Bryan

14. MOTHER'S MAIDEN NAME: Ann Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm L. Bryan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	40 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	?
	(c) Chronic myocardial disease with decompensation.	

443
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1948, to March 4, 1949, that I last saw the deceased alive on March 4, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson M.D.

ADDRESS: Forest Hill, Maryland.

DATE SIGNED: March 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Mar 7/49

NAME OF CEMETERY OR CREMATORY: Tabernacle

LOCATION (City, town, or county) (State): Benson Harford Md

DATE REC'D BY LOCAL REG. 3/6/49

REGISTRAR'S SIGNATURE: Priscilla Towood

24. FUNERAL DIRECTOR / ADDRESS: Joseph T Foster Bel Air Md

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02738

EVIDENCE FOR ADDITION OF DATE OF DEATH IS ON: FILM # G119-3-30.49A

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa; LENGTH OF STAY (In this place) Lifelong; HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) Joppa. Md

3. NAME OF DECEASED (Type or Print): First Florence; (Middle) May; (Last) Chamberlain

4. DATE OF DEATH: (Month) March; (Day) 18; (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 18-1864

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: James Chamberlain

14. MOTHER'S MAIDEN NAME: Rebecca Christopher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Nellie Phelps.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 5 days

410 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1316

(b) Rheumatic Cardetes with hypertension — Years

(c) and mitral and aortic valvular disease. — Years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerular nephritis — Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 35, to March 18, 19 49, that I last saw the deceased alive on March 18, 19 49, and that death occurred at 1:40 A m., from the causes and on the date stated above.

SIGNATURE: Jos O Hodges — (Degree or title) M.D. — ADDRESS: Edgewood Md — DATE SIGNED: March 18 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 21-1949 — NAME OF CEMETERY OR CREMATORY: Mountain Christian Cem — LOCATION (City, town, or county) (State): Joppa. Md

DATE REC'D BY LOCAL REG. Mar 19 1949 — REGISTRAR'S SIGNATURE: Mame M. Mondedale

24. FUNERAL DIRECTOR: W S Archer — ADDRESS: Benson. Md.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02739

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Almshouse

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Fallston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph		Coleman	March	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Unk.	Jan. 1, 1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer + Canning		Unknown	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown		Clark Fitzpatrick, Fallston, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 hours.

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension — ?

330 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to March 10, 1949, that I last saw the deceased alive on March 9, 1949, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D.	Forest Hill, Maryland.	March 11, '49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 12 1949	Mt. Calvary	Edgewood Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/11/49	Priscilla Fowood	Henry Terring & Sons.	Edgewood

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03197

Reg. Dist. No. 151

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (In this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hosp. APG, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Infant Female (Middle) (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) 28 Mar 19 49

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 28 Mar 49

9. AGE last birthday yrs.

If under 1 year Months Days

If under 24 hrs. Hours 16 Min. 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ------

10b. KIND OF BUSINESS OR INDUSTRY ------

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Raymond L. Davis

14. MOTHER'S MAIDEN NAME Letitia Larkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -------

17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) Atelectasis, Congenital — Interval Between Onset and Death 16 hrs.

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Mar., 1949, to 28 Mar, 1949 that I last saw the deceased alive on 28 Mar, 1949, and that death occurred at 6.20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert T. Ford Capt MC. Station Hosp, Aberdeen Md. 28 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Apr 10, 1949

NAME OF CEMETERY OR CREMATORY Army Chemical Center

LOCATION (City, town, or county) (State) Edgewood Md

DATE REC'D BY LOCAL REG. April 15-49

REGISTRAR'S SIGNATURE Nellie H. Riley

24. FUNERAL DIRECTOR ADDRESS Howard K. McComas & Son Abingdon

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(02741)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestnut Hill
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestnut Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wm. (Middle) M. (Last) Forwood
4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 29 1873
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Parker L. Forwood
14. MOTHER'S MAIDEN NAME: Julia Smithson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mr. Morris Forwood, Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute dilatation	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
450.0 97	(c) Arteriosclerosis	4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1949, to 5 MAR, 1949, that I last saw the deceased alive on 5 MAR, 1949, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE: A. P. Sedwell (Degree or title) M.D. ADDRESS: Bel Air, Md DATE SIGNED: 5 Mar 49

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): March 8 1949 — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Deer Creek Cem — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Mar. 7, 1949 — REGISTRAR'S SIGNATURE: C. W. Kirk — 24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

RECEIVED
MAR 17 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03198

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall (Rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall (Rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nannie (Middle) Victoria (Last) Gemmill

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 4, 1861

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stewardstown Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: William Gemmill

14. MOTHER'S MAIDEN NAME: Elizabeth Campell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Walter Gemmill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Chronic Myscarditis

4222 **Antecedent cause(s)**

930 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from ....., 1947, to 11/16/49 1949, that I last saw the deceased alive on 11/16, 1949 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: A. M. France — (Degree or title): M.D. — ADDRESS: Parkton, Md. — DATE SIGNED: 11/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 19, 1949 — NAME OF CEMETERY OR CREMATORY: Norrisville — LOCATION (City, town, or county) (State): White Hall, (Rural) Md.

DATE REC'D BY LOCAL REG.: 11-30-49 — REGISTRAR'S SIGNATURE: Mrs. Howard Markline

24. FUNERAL DIRECTOR — ADDRESS: Howard S. Markline

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02741

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Perryman | LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Perryman.
STREET ADDRESS (If rural give location) Bush River

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) (Last) Granger

4. DATE OF DEATH: (Month) Mch. (Day) 23 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 28. 1887 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Manning, Sr. | 14. MOTHER'S MAIDEN NAME: Florence Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mr. Martin E. Granger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181
52b

Immediate cause (a) Pulmonary Thrombosis - Terminal Pneumonia — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Bladder — 7 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Mar 28, 1949, that I last saw the deceased alive on March 29, 1949, and that death occurred at 7:12 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H K Delaney M D | Aberdeen | Md | Mar 25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mch. 26, 1949 | NAME OF CEMETERY ~~OR CREMATORY~~ Sweetser | LOCATION (City, town, or county) Perryman | (State) Md.

DATE REC'D BY LOCAL REG. March 25-49 | REGISTRAR'S SIGNATURE Nellie H. Riley | 24. FUNERAL DIRECTOR | ADDRESS Henry Tarring & Sons, Aberdeen, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02742

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; LENGTH OF STAY (in this place) 35 yrs. (?); HOSPITAL OR INSTITUTION OR STREET ADDRESS #1 Paradise Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; STREET ADDRESS (If rural give location) #1 Paradise Road

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) Middleton; (Last) Grant

4. DATE OF DEATH: (Month) March; (Day) 15th; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 19th 1904

9. AGE last birthday: 44 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rev. William M. Grant

14. MOTHER'S MAIDEN NAME: Sarah Robinson Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Milford M. Carr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193 Immediate cause (a) Glioma (Cancer of brain) — Interval between onset and death: 3 years.

Antecedent cause(s)

542 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: February 1947

19b. MAJOR FINDINGS OF OPERATION: Tumor of brain - GLIOMA -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1947, to March 15, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward R. Holloway. ADDRESS: Perryman. DATE SIGNED: Mad. 3/17/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Mch. 18, 1949; NAME OF CEMETERY OR CREMATORY: Grove; LOCATION (City, town, or county) (State): Aberdeen, Md.

DATE REC'D BY LOCAL REG.: March 17-1949; REGISTRAR'S SIGNATURE: Nellie F. Riley

24. FUNERAL DIRECTOR: Henry Tarring & Sons; ADDRESS: Aberdeen, Md.

VS. A15

RECEIVED
MAR 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02743

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County HARFORD

~~City or~~ town RURAL BEL AIR
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? A FEW MINUTES

Hospital, institution, or street address where death occurred:
WALTERS CONVALESCENT HOME

How long in hospital or institution? JUST ARRIVED

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Harford

City or town Edgewood
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME MAE VIRGINIA HALL

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) ~~Single, married,~~ widowed, ~~or divorced~~: Widow

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 1882

8. AGE: Years 66 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housework at home

11. Industry or business

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden name

15. Birthplace

16. Informant: Isaac Williams

Address Edgewood, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof March 12 1949 (month) (day) (year)

Cemetery or crematory Ulrich Funeral Home

Location Washington Blvd & Orleans St Baltimore, Md

18. Funeral director F. S. Bailey

Address Darlington, Md

19. March 11 1949 (Date rec'd by registrar) C. H. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1949 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1/15 1949 to 3/10 1949 and that I last saw her alive on 3/10 1949

	DURATION
Immediate cause of death: CEREBRAL EPISODE, PRESUMABLY HEMORRHAGE	1 3/4 mos.
Due to: HYPERTENSIVE CARDIO-VASCULAR DISEASE	
Due to: 443 23d	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. W. Stewart, Jr., M.D. M. D. or other

Address EDGEWOOD, MD. Date signed 3/10/49

RECEIVED
MAR 17 1949
BUREAU V. S.

02744

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH · COUNTY Harford Maryland MARYLAND.	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 12 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Francis Villa Commerce & Market	STREET ADDRESS (If rural, give location) Commerce & Market

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sister M. Bertrand (Harding)

4. DATE OF DEATH (Month) (Day) (Year): 3 II 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/4/1863

9. AGE last birthday: 85 yrs. If under 1 year: Months 6 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Heckshirsville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Harding

14. MOTHER'S MAIDEN NAME: Margaret Delaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pernicious Anemia	2 yrs
422.1 Antecedent cause(s)	(b) Chronic Myocarditis	4 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardio Vascular Disease	2 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1944, to Mar, 1949, that I last saw the deceased alive on Mar 11, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: Charles J. Foley (Degree or title) — ADDRESS: Havre de Grace Md — DATE SIGNED: Mar 12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/14/49 — NAME OF CEMETERY OR CREMATORY: Glen Riddle — LOCATION (City, town, or county) (State): Near Wilmington Del.

DATE REC'D BY LOCAL REG.: Mar. 13-49 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1949
BUREAU

02745

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 2½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 837 Erie St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md.; STREET ADDRESS (If rural, give location) 837 Erie St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Harts

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug. 15 1946

9. AGE last birthday: 2 yrs. If under 1 year: Months. 6 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert F. Harts

14. MOTHER'S MAIDEN NAME: Eva Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mr. Robert F. Harts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 1 week

107 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cretinism

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 6, 1949, to Mar. 14, 1949, that I last saw the deceased alive on Mar. 13, 1949, and that death occurred at 1:30 A. m., March 14, 1949, from the causes and on the date stated above.

SIGNATURE: Daniel P. Dolce — (Degree or title) M.D. — ADDRESS: Havre de Grace 419 Congress Ave — DATE SIGNED: Mar 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 16 '49 — NAME OF CEMETERY OR CREMATORY: Swan Creek — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG. Mar. 16, 1949 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: W. Madison Mitchell — ADDRESS: Havre de Grace Md.

RECEIVED
MAR 19 1949
BUREAU V. S.

M

02746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 Chesapeake Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 700 Chesapeak Drive

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Cameron Hebditch (Last)

4. DATE OF DEATH (Month) 3 (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 9/10/1875
9. AGE last birthday 73 yrs. If under 1 year Months 6 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottling Plant Owner
10b. KIND OF BUSINESS OR INDUSTRY Coca Cola
11. BIRTHPLACE (State or foreign country) Buckingham Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph W. Hebditch
14. MOTHER'S MAIDEN NAME Ruth Coombs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. J.C. Sales, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	5 min
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	6 yrs
	(c) Cardio Vascular Disease	4 mo

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1948, to Mar 24/49, that I last saw the deceased alive on Mar 24, 1949, and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE Charles J Foley MD (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED 3/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/27/49
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace, Md. (State)

DATE REC'D BY LOCAL REG. Mar. 27-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace
Pennington & Son

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02747

Reg. Dist. No. 182

HARF. Co.

1. PLACE OF DEATH: COUNTY Bel Air — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peter	Louis	Hines	Mar	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Unknown	July 27 1885	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Lumber	Unknown	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	215-14-2636	Mrs Comas Bro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — 3 hours

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 5, 1949, to —, 19—, that I last saw the deceased alive on March 5, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer	M.D.	Bel Air Md.	3/6/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 8/49	St Ignatius	Hickory. Harford Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/7/49	Priscilla Fowler	Joseph V. Foster	Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

02748

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air Rural
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gibson
STREET ADDRESS (If rural give location) Rural, Bel Air

3. NAME OF DECEASED (Type or Print) (First) Dr. (Middle) Herbert (Last) Hoopes

4. DATE OF DEATH (Month) Mar (Day) 10 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jany 8 - 1877
9. AGE last birthday 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Gibson
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joseph T. Hoopes
14. MOTHER'S MAIDEN NAME Judith Preston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Joseph L Hoopes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	½ hour
	Antecedent cause(s)		
94a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	10 years
		(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9 MAR, 1949, to 10 MAR, 1949, that I last saw the deceased alive on 9 MAR, 1949, and that death occurred at 1:20 A. m., from the causes and on the date stated above.

SIGNATURE H. P. Sedwell (Degree or title) M D ADDRESS Main St. Bel Air. DATE SIGNED 11 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar 12/49
NAME OF CEMETERY OR CREMATORY Forest Friends Cemetery
LOCATION (City, town, or county) Forest Hill Harford (State) Md

DATE REC'D BY LOCAL REG. 3/11/49
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 02749

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Harford Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN M. Van Bibber
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 2400 Bowleys Lane COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Md
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) JOHN (Last) JOHNSON

4. DATE OF DEATH (Month) MARCH (Day) 11 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 2-8-1914

9. AGE last birthday 35 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas & Electric Co

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Leander Johnson

14. MOTHER'S MAIDEN NAME Laura Benny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) No 2

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Theresa Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

810.3 Immediate cause (a) COMPOUND FRACTURE OF SKULL

Antecedent cause(s)

169 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. MULTIPLE FRACTURES - ARMS, LEG, PELVIS, RIBS, VERTEBRA

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) B & O RR TRACKS NEAR (CITY OR TOWN) VAN BIBBER (COUNTY) HARFORD (STATE) Md.

TIME OF INJURY (Month) MAR. (Day) 11 (Year) 1949 (Hour) 2:45 p m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? TRAIN STRUCK TRUCK

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE J H Ramsey (Degree or title) M.D. Deputy Medical Examiner

ADDRESS Aberdeen, Md

DATE SIGNED March 11, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3-15-49

NAME OF CEMETERY OR CREMATORY Balto National

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 3/14/49

REGISTRAR'S SIGNATURE E. W. Hedrick mh

24. FUNERAL DIRECTOR Jos J Herr & Son 3001 ADDRESS 1 Centuchy Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MV

VS. A15

02750

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEWOOD
MARYLAND
LENGTH OF STAY (in this place) 6 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Ala. COUNTY Marshall
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Albertville
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LUTHER	ELMER	JOHNSON	MARCH	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	MARRIED	6/2/1897	51 yrs.		12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Lilburn Ga.	U.S.A.

13. FATHER'S NAME John Johnson
14. MOTHER'S MAIDEN NAME Minnie Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Carl E. Miller, Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) ACUTE CORONARY OCCLUSION	10 DAYS
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC VASCULAR DISEASE	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/4, 1949, to 3/14, 1949, that I last saw the deceased alive on 3/4, 1949, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. W. Stewart, Jr., M.D.		EDGEWOOD, MD.	3/14/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Mar. 16, 1949	J. Austin Dillion	Atlanta	Ga.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 16, 1949	Mary M. Markdale	Howard K. McComas & Son	Abingdon, Md.

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02751

2411 N. Charles Street, Baltimore

EVIDENCE FOR CHANGE OF AGE IS ON FILM # 9119 - 3-28-49

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Harford Memorial Hospital MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md. | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp. Havre de Grace Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md.
STREET ADDRESS (If rural, give location) 735 South Otsa Street

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Anna (Last) Johnson

4. DATE OF DEATH (Month) March (Day) 10 (Year) 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 26 1880

9. AGE last birthday ~~68~~ 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME George R. Hill

14. MOTHER'S MAIDEN NAME Emma Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mr. Edward Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Respiratory Failure - Complete Obstruction — Interval between onset and death: 5 hrs

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction - prob. CA of colon

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - arteriosclerotic C-V D

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1949, to 3-10, 1949, that I last saw the deceased alive on 3-10, 1949, and that death occurred at 7.43 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Harford Memorial Hosp 3-10

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 3/14/49 | NAME OF CEMETERY OR CREMATORY Stacy B. Brown Funeral Home | LOCATION (City, town, or county) (State) New Town Bucks Co. Pa

DATE REC'D BY LOCAL REG. 3-13-49 | REGISTRAR'S SIGNATURE A. L. Ferris M.D. | 24. FUNERAL DIRECTOR ADDRESS Elmer E Bullock

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02752

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 18 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Edmond St. Ext

3. NAME OF DECEASED (Type or Print) (First) Silas (Middle) (Last) Jordan

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1949

5. SEX M

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH About 1899

9. AGE last birthday About 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of skull — Intracranial Hemorrhage

812.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

170c

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound Fracture — Rt. Leg

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route # 7 (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) March (Day) 11 (Year) 1949 (Hour) 7P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Struck by auto

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on —, 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE J. W. Ramsey M.D. Deputy Medical Examiner (Degree or title) ADDRESS Aberdeen, Md DATE SIGNED March 12, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 3/14/49 NAME OF CEMETERY OR CREMATORY St. James LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. 3-15-49 REGISTRAR'S SIGNATURE A. L. Lewis M.D. 24. FUNERAL DIRECTOR Pennington & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
MAR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02753 185

1. PLACE OF DEATH: COUNTY Harford County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Dual Highway

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) CLEVELAND (Last) MOLITOR

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 15, 1888
9. AGE last birthday 60 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Garage
11. BIRTHPLACE (State or foreign country) Chesapeak City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Molitor
14. MOTHER'S MAIDEN NAME Frances Mayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Geo. Molitor, 111 Lamont Ave Gunkwood Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing Injury of Chest

910.3 Antecedent cause(s)

186.6 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) GARAGE
Near (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md

TIME OF INJURY (Month) March (Day) 3 (Year) 1949 (Hour) 11:30 A m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Crushed under falling truck

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE J. W. Ramsey (Degree or title) M.D. Deputy Medical Examiner
ADDRESS Aberdeen, Md.
DATE SIGNED March 3, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/7/49
NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
LOCATION (City, town, or county) Wilmington, (State) Delaware

DATE REC'D BY LOCAL REG. March 3-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Michael A. Mealey & Sons Inc.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

Evidence for change in age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02754

FILM No. G 120 APR 26 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) 26 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 49 Mt. Royal Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Lewis (Last) Monks
4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH: Nov. 6, 1867
9. AGE last birthday: 81 ~~82~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Carvill Monks
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Bessie Cummings - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cerebral Thrombosis — 23 DAYS

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 MAR, 1949, to 27 MAR, 1949, that I last saw the deceased alive on 27 MAR, 1949, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R B Mornent M.D. Havre de Grace Md 3.27.49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 29-49 — NAME OF CEMETERY OR CREMATORY: Friendship — LOCATION (City, town, or county) (State): Fallston Md.

DATE REC'D BY LOCAL REG. 3-27-49 — REGISTRAR'S SIGNATURE: A. L. Leiva M.D.

24. FUNERAL DIRECTOR ADDRESS: Martin G. Rusty, Jarrettsville, Md.

VS. A15

RECEIVED
MAR 29 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02755

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (In this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HESTER (Middle) Lee (Last) NELSON

4. DATE OF DEATH: (Month) MARCH (Day) 22 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: August 11, 1909

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoulder Driving Ground

10b. KIND OF BUSINESS OR INDUSTRY: Stone Quarry

11. BIRTHPLACE (State or foreign country): Grayson Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Nelson

14. MOTHER'S MAIDEN NAME: Louisa Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO NO

16. SOCIAL SECURITY NO. 215-05-3872

17. INFORMANT: Mrs. Lester Lee Nelson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EDEMA AND PERIPHERAL VASCULAR COLLAPSE	12 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) REPAIR OF EVISCERATION (POST OPERATIVE)	30 HRS
540.1 1170	(c) PARTIAL GASTRECTOMY FOR PERFORATING GASTRIC ULCER	8 DAYS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 13 MAR & 20 MAR 49

19b. MAJOR FINDINGS OF OPERATION: PERFORATING ULCER, PRE PYLORIC REGION STOMACH

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 MAR., 1949, to 22 MAR, 1949, that I last saw the deceased alive on 22 MAR., 1949, and that death occurred at 4 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R B Norment M.D. ADDRESS: Havre de Grace Md DATE SIGNED: 22 Mar 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial DATE THEREOF: March 24 1949 NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: Mar. 22-49 REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: H. E. Bailey ADDRESS: Darlington, Md.

VS-A15

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02756

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital, Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Army Chemical Center
STREET ADDRESS (If rural, give location): Qrs # 107 UP N

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NANCY	ELLEN	PALMER	March	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	19 March 1949	yrs.	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Sta Hosp, APG, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Montgomery Palmer
14. MOTHER'S MAIDEN NAME: Lena Catherine Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: --
17. INFORMANT: John Montgomery Palmer (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Atelectasis - Broncho pneumonia	37 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Immaturity	
	(c)	

763.5
159

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19, 1949, to 20 March, 1949, that I last saw the deceased alive on 20 March, 1949, and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Block, REUBEN BLOCK,	Capt., MC	Station Hospital, Aberdeen PrGr, Md.	21 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May. 24, 1949	Post Cemetery	Aberdeen Proving Ground Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 24, 1949	Nellie H. Riley	Howard E. McComas & Son	Abingdon Md

VS. A15

RECEIVED
MAR 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02757

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; MARYLAND LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 Osborn Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; STREET ADDRESS (If rural give location) 128 Osborn Road.

3. NAME OF DECEASED (Type or Print): (First) Viola (Middle) Estelle (Last) Pyle

4. DATE OF DEATH: (Month) March (Day) 12th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 13th 1873

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Baker

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Granville P. Pyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal coronary pneumonia — 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular disease — 10-12 yrs.

(c) Chronic diffuse nephritis

443 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 18 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 1949, to Mar. 12, 1949, that I last saw the deceased alive on Mar. 12, 1949, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jesse P. Thomson M.D. — Aberdeen Md — Mar. 14/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mch. 14 1949 — NAME OF CEMETERY OR CREMATORY: Bakers — LOCATION (City, town, or county) (State): Aberdeen, Md

DATE RECD BY LOCAL REG.: March 14-49 — REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR — ADDRESS: Henry Jarrett & Sons, Aberdeen, Md.

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

M

02758

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place) 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Perryville, Cecil Co., Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Paxton (Middle) Samuel (Last) Reinecker

4. DATE OF DEATH (Month) (Day) (Year) March 28, 1949 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 28, 1898
9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY Public Shop
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Reinecker
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 185-03-2574
17. INFORMANT Angeline Reinecker, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (a) Acute myocarditis

Antecedent cause(s)

124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
Perryville Cecil
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947 to March, 1949, that I last saw the deceased alive on March 27, 1949, and that death occurred at 1:10 AM Harford Memorial Hosp. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward J. Simon
ADDRESS Medical Doctor, Havre De Grace
DATE SIGNED 3-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 30, 49
NAME OF CEMETERY OR CREMATORY Darlington
LOCATION (City, town, or county) (State) Darlington, Md.

DATE REC'D BY LOCAL REG. 3-28-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son, ADDRESS Perryville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Edw. Simon, 129 Md. ave.

I

VS. A15

T

RECEIVED
APR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02759

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital, Havre de Grace, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street, Maryland
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Jerome (Last) Reynolds

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: April 18, 1881

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Crop

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reuben C. Reynolds

14. MOTHER'S MAIDEN NAME: Martha Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Blanche Burk, 23 Blue Rock St, Millersville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Approx 5 days

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerosis.

830 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? ~~Yes~~ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Mar, 1949, to 18 Mar, 1949, that I last saw the deceased alive on 18 Mar, 1949, and that death occurred at 8'15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Havre de Grace Md — DATE SIGNED 18 Mar 49

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial — DATE THEREOF March 22, 1949 — NAME OF CEMETERY OR CREMATORY: Tabernacle Cem — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG. March 18, 1949 — REGISTRAR'S SIGNATURE: A. L. Leure, M.D. — 24. FUNERAL DIRECTOR: H. L. Bailey — ADDRESS: Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

02760

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH · COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air — LENGTH OF STAY (in this place) 40	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Isabel (Middle) Emory (Last) Richardson

4. DATE OF DEATH (Month) March (Day) 26 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
FE	white	widowed	19 June 1869	79 yrs.	9	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house w/ FE	—	Baltimore, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John S. Price	Mary Emory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO		—	Matilda Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	9 days
332 Antecedent cause(s)		
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Mar. 17, 1949, to Mar. 26, 1949, that I last saw the deceased alive on Mar. 26, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles Richardson Jr	M.D.	Bel Air Md	3/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar 29/49	Cokesbury	Abingdon, Harford	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/28/49	Priscilla Forwood	Joseph T Foster	Bel Air. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02762

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bel Air; MARYLAND; LENGTH OF STAY (in this place) 2 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Co Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) 264 Lewis St

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Elizabeth (Last) Thompson

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 21 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thompson

14. MOTHER'S MAIDEN NAME: Elizabeth Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —; (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Bessie M. Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 Immediate cause	(a) Acute pulmonary Edema, terminating a	5 hours
932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic cardiovascular disease with hypertension	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from July 12, 1948, to March 25, 1949, that I last saw the deceased alive on March 25, 1949, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson, M.D. ADDRESS: Forest Hill, Maryland DATE SIGNED: March 26, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE: Mar. 29 1949; NAME OF CEMETERY OR CREMATORY: Angel Hill; LOCATION (City, town or county): Havre de Grace (State): Md.

DATE REC'D BY LOCAL REG. 3/28/49; REGISTRAR'S SIGNATURE: Priscilla Lowood

24. FUNERAL DIRECTOR: P. Madison Mitchell ADDRESS: Havre de Grace, Md.

VS. A15

RECEIVED
MAR 30 1949
BUREAU T. S.

02763

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND MD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural, give location) 721 FREEDOM ST

3. NAME OF DECEASED (Type or Print) (First) HATTIE (Middle) (Last) TURNER
4. DATE OF DEATH (Month) MARCH (Day) 23 (Year) 1949
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 12-12-87
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Peery
14. MOTHER'S MAIDEN NAME Rachel McCormick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Raymond Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443	Immediate cause	(a) CEREBRAL HEMORRHAGE	10 DAYS
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C-V D.	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1949 to 3-23, 1949 that I last saw the deceased alive on 3-23, 1949, and that death occurred at 1 45A m., from the causes and on the date stated above.

SIGNATURE Cecil Rasher (Degree or title) M.D. ADDRESS Harford Memorial Hosp DATE SIGNED 3-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 26-1949
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) Churchville (State) Md
DATE REC'D BY LOCAL REG. Mar. 24-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Tarring Hons ADDRESS Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02764

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) L (Last) Viar

4. DATE OF DEATH: (Month) Mar (Day) 10 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Oct 28 1899

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Floyd Co. Va

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Claude H Viar

14. MOTHER'S MAIDEN NAME: Ona Sutphin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-12-3738

17. INFORMANT: Walter L Viar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 Immediate cause (a) Carcinoma Lung — Interval between onset and death: unknown

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1949, to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gerald C Palmer M.D. ADDRESS Bel Air, Md. DATE SIGNED March 10, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Mar 14/49; NAME OF CEMETERY OR CREMATORY: Friendship; LOCATION (City, town, or county) (State): Near Fallston Harford Md

DATE REC'D BY LOCAL REG. 3/11/49; REGISTRAR'S SIGNATURE: Priscilla Howard

24. FUNERAL DIRECTOR: Joseph T Forwood ADDRESS: Bel Air Md

RECEIVED
MAR 15 1949
BUREAU U. S.

02765

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw
STREET ADDRESS (If rural give location) Mar 6 1949

3. NAME OF DECEASED (Type or Print) (First) Pattie (Middle) G. (Last) Whitten
4. DATE OF DEATH (Month) (Day) (Year) ~~Dec 2 1868~~

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 12-2-1868
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Gunther
14. MOTHER'S MAIDEN NAME Emma Berends

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William F. Whitten, Bradshaw Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	3 months
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertensive ~~heart~~ cardio-vascular renal disease	15-20 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1948, to March 6 1949, that I last saw the deceased alive on March 6, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE Fred O Hodons (Degree or title) M.D. ADDRESS Edgewood Md DATE SIGNED 3-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/9/49
NAME OF CEMETERY OR CREMATORY Trinity Lutheran
LOCATION (City, town, or county) Joppa, Harford Co (State) Md

DATE REC'D BY LOCAL REG. 3/9/49
REGISTRAR'S SIGNATURE Marie M. Moulsdale
24. FUNERAL DIRECTOR Howard K. McCormack Son, ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.